UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	FORM B For New Members, Candidates, and	FORM B andidates, and New Employees	APR 0 3 2017 Page 1 of T
Name: Archie Parnell	Daytime Telephone:_		2017 APR 12 PM 2: 17
New Member of or Candidate for State: <u>くし</u> U.S. House of Representatives District: らり Candidates - Date of Election: しいっとして	2017	Check if Amendment	U.S. HOUSE OF REPRESENTATIVES
New Officer or Employee Employing Office:	Pe	Period Covered: January 1, <mark>しょし</mark> to <u>トャにいっと、か</u> 子	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION – ANSWER EACH OF THESE	THESE QUESTIONS	3	
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Make more than \$200 in unearned income from any reportable asset during the reporting period?	No E. Did ye or in the	E. Did you hold any reportable positions during the reporting or in the current calendar year up through the date of filing?	portable positions during the reporting period Yes No arr year up through the date of filing?
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	No F. Do yo outside year up	F. Do you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	arrangement with an res No No
D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period? Yes	No J. Did yo source is	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	s? No from a single Yes No
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	ESPONDING SCHEDUI	SCHEDULE IF YOU ANSWER "YES" LES THAT YOU ARE REQUIRED TO	S" COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BO	INFORMATION - AN	SWER <u>BOTH</u> OF THES	OTH OF THESE QUESTIONS
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	n Ethics and certain other "excep !?	ted trusts" need not be disclosed. H	lave you excluded from Yes No 🔀
EXEMPTION – Have you excluded from this report any other assets, "uneamed" income, or liabilities of a spouse or dependent ch exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	ncome, or liabilities of a spouse or ee on Ethics.	r dependent child because they meet all three tests for	t all three tests for Yes No

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Use additional sheets if more space is required all interest-bearing accounts. If the total is ov \$5,000, list every financial institution where there For all IRAs and other retirement plans (such a 401(k) plans) provide the value for each asset held or rental and other real property held for investm he account that exceeds the reporting thresholds. do not use only ticker symbols) ependent child (DC), or jointly held with anyone the optional column on the far left. ental property," and a city and state or bank and other cash accounts, total the amount in sentify (a) each asset held for investment or roduction of income and with a fair market value exceeding \$1,000 at the end of the reporting period. ore than \$1,000 in interest-bearing accounts rovide complete names of stocks and mutual fund or an ownership interest in a privately-held busin you so choose, you may indicate that an asset you have a privately-traded fund that is an Exception of the "EIF" box. cclude: Your personal residence, including sec trement program, including the Thrift Savings Plan ome during the reporting period); and any financiers in, or income derived from, a feder mes and vacation homes (unless there was ALGER CAPITAL APPACTA CALIFORNIA Assets and/or Income Sources ARCHIE PARNELL 1. S, TREASURIES not publicly traded, any other reportable asset which generated more than ents, please refer to the instruction booklet 400 Mega Corp Stock Simon & Schuster that of your spouse ABC Hedge Fund **BLOCK A** or description, IRA. (SP) ᆵ ove # If an asset was sold during the reporting None *Column M is for assets held by your spouse or depende child in which you have no interest. Indicate value of asset at close of the reporting period. you use a valuation method other than fair market valu hould be "None." â \$1-\$1,000 × \$1,001-\$15,000 o X 人 \$15,001-\$50-000 O × \$50,001-\$100,000 m Value of Asset X \$100,001,\$250,000 7 **BLOCK B** × \$250,001-\$500,000 6 \$500,001-\$1,000,000 _ \$5,000,001-\$25,000,000 پېغ period and \$25,000,001-\$50,000,000 * Spouse/DC Asset over \$1,000,000° £ Check all columns that apply that generate tax-deferred inc NONE t01(k), IRA, or the erated no income during X DIVIDENDS × ₫ RENT Type of Income ^ R INTEREST × Name: BLOCKC CAPITAL GAINS **EXCEPTED/BLIND TRUST** TAX-DEFERRED you may Royalbes \triangleright Partnersh rchie and capital gains, even if reinvested, must be disclosed accounts. Check "None" if no income was earned or generated. For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For other assets indicate the calegory of income by checking the appropriate box below. Dividends, interest other assets indicate the calegory of income by checking the appropriate box below. *Column XII is for assets held by your spouse or dependent child in which you have no interest \$1-\$200 × × \$201-\$1,000 \$1,001-\$2,500 D Current Year \$2,501-\$5,000 420 × \$5,001-\$15,000 \$15,001-\$50,000 \$50,001-\$100,000 \$100,001-\$1,000,000 × \$1,000,001-\$5,000,000 Amount of Income 25 BLOCK D Spouse/DC Income over \$1,000,000 ≚ ᆽ \$1-\$200 × \$201-\$1,000 = as income Page ₹ \$1,001-\$2,500 Preceding \$5,001-\$15,000 for assets \$15,001-\$50,000 **.*** \$50,001-\$100,000 9 \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 3 taxabi * ξ Spouse/DC Income over \$1,000,000*

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Page 5

SCHEDULE A – ASSETS & "UNEARNED INCOME"	
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Page 6	

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SCHEDULE C - EARNED INCOME

Name: Archie Base Rivell Page 7 of 9

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2015 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,225. The 2016 limit is \$27,495. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff. **EXCLUDE**: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

					FXXOX	Goldman Som	L	Examples: Civil War Roundtable (Oct. 2)	ABC Trade Association, Baitimore, MD (July 15)	Source (include date of feceipt for Horiotaria)	Course (include date of receipt for hoperatio)
	6 6				Penion	Salgering	Spouse Salary	Spouse Speech	Honorarium	Type	Type
					\$ 2500	70,000	N/A	\$20,000	\$0	Current Year to Filing	
					\$ 9,000	# 1,100,000	N/A	\$1,000	\$500	Preceding Year	Amount

SCHEDULE D – LIABILITIES

Name:
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Page 8
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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence. (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liabie); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period *Column K is for liabilities held solely by your spouse or dependent child.

DC. SP	-	Creditor	Date Liability Incurred MO/YR	Type of Liability		\$15,001- \$50,000	\$50,001 () () () () () () () () () (\$100,001- \$250,000	\$250,001-2-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-	\$500,001- \$1,000,000	 56 600 000 G	\$5,000,001- \$25,000,000 ±	\$5,000,001- \$25,000,000 ±
Ţ,	Example	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE	* * * * * * * * * * * * * * * * * * *	* 4 ^	3 A 1 14 F F 7 B W	×	**, - () ** - ()		8 4	4	
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SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

	0 0	by visioned live	Employee Directo / Officer	Position	i i
		466	Various affiliate of Goldman large (unissoperated a director lathing	Name of Organization	

SCHEDULE F - AGREEMENTS

Name:
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Page 0 of 9

Date	Parties to Agreement	Terms of Agreement
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SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and

government	customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repe	customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.
	Source (Name and City/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
	L/R	
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